

Certified WC Network Access Plans

Within its service area, a certified WC Network (Network) is required to ensure that its provider panel includes:

- ◆ an adequate number of treating doctors and specialists, who must be available and accessible to employees 24 hours a day, seven days a week;
- ◆ sufficient numbers and types of health care providers to ensure choice, access, and quality of care to injured employees;
- ◆ an adequate number of the treating doctors and specialists who have admitting privileges at one or more Network hospitals to make any necessary hospital admissions;
- ◆ hospital services that are available and accessible 24 hours a day, seven days a week;
- ◆ physical and occupational therapy services and chiropractic services that are available and accessible;
- ◆ emergency care that is available and accessible 24 hours a day, seven days a week, without restrictions as to where the services are rendered; and
- ◆ an adequate number of doctors who are qualified to provide maximum medical improvement and impairment rating services as required under Labor Code §408.023.

If either a Network or the Texas Department of Insurance (Department) identify any underserved portions within a Network's service area, the Network must file an access plan with the Department if any health care service or a network provider is not available to an employee because:

- ◆ providers are not located within the required distances; or
- ◆ the Network is unable to obtain provider contracts after good faith attempts; or
- ◆ providers meeting the Network's minimum quality of care and credentialing requirements are not located within the required distances in portions of the Network's service area.

The Network's access plan must be approved by the Department at least 30 days before the Network may implement it.

A Network Access Plan checklist, **LHL 399**, is available at: <http://www.tdi.texas.gov/forms/lhlhmo/lhl399rev0108.doc>